

RECEIVED
CENTRAL FAX CENTER

DEC 10 2004

GRAYCARY

2000 University Avenue
East Palo Alto, CA 94303-2248
www.graycary.com
O] 650-833-2052
F] 650-833-2001

FAX TRANSMISSION COVER SHEET

December 10, 2004

To:Telephone:Fax Number:

Centralized Facsimile Number

(703) 872-9306

U.S. Patent & Trademark Office

From: Jan Huss for Jon Ikegami
(650) 833-21042

Client-Matter Number: 2505130-991201

Re: U.S. Patent Application No.10/723,376
Filing Date: November 26, 2003
Entitled: SELF-SUPPORTING STORAGE BAG WITH RESEALABLE POUR SPOUT
Inventor: OLIN

Pages: 2 - (including this form)

Originals: ☐ will be mailed ☒ will not be mailed

If there is a problem with this transmission, please call:

(650) 833-1569

Fax Operator: Jan Huss

MESSAGE:

Please make a matter of record the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

Applicant believes there are no fees associated with this communication, however, the Commissioner is authorized to charge any fees associated with this paper to Deposit Account No. 07-1896, referencing 2505130-991201.Thank you.PA\10388110.1
2505130-991201

SILICON VALLEY SAN DIEGO SAN FRANCISCO AUSTIN SEATTLE SACRAMENTO LA JOLLA WASHINGTON, DC

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	10723,376
Issue Date	November 26, 2003
First Named Inventor	Alan D. Olin
Art Unit	3727
Examiner Name	Unknown
Attorney Docket Number	2505130-991201

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 26379

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: 26379

OR


<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Alan D. Olin		
Signature			
Date	December 7, 2004	Telephone	650-328-1591

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.